		philication of	Dockern	ullibe
ATCHT ADDI IOATION FEE DETERMINATION DECORD	h		1	

Effective October 1, 2000

7217/443W

CLAIMS AS FILED - PART I												
		(Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTIT			
TOTAL CLAIMS		9				ſſ	RATE	FEE		RATE	FEE	
FO	R		NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS		9 minus 20=					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS		minus 3 = *		*	5		X40=		OR	X80=	400	
MULTIPLE DEPENDENT CLAIM P		RESENT				+135=		OR	+270=			
* If the difference in column 1 is less			less than z	ero, ente	r "0" in c	olumn 2	L	TOTAL		OR OR	TOTAL	1110
CLAIMS AS AI			MENDE		PT II mn 2)	(Column 3)		SMALL	NTITY	OR	OTHER SMALL	THAN
		(Column 1) CLAIMS	THE STATE OF THE S		HEST	(Column 3)	1 г	-	ADDI-)		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
NOM	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***	T 01 4 11 4	=	1 [X40=		OR	X80=	
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM	L	!	+135=		OR	+270=	
							I.	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT. FEE	<u> </u>		ADDII. FEE	<u> </u>
AMENDMENT B		CLAIMS		HIG	HEST		Т		ADDI-	1 1		ADDI-
		REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	T CL AIM	=	+ I	X40=		OR	X80=	
_	FINOT PRESE	NIATION OF W	OLTIFEE DE	PENDEN	TOLANI		-	+135=		OR	+270=	
							7	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	<u> </u>	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DI	PENDEN	IT CLAIM		┨┨					1
	If the entry in eath	mn 1 is loss than t	the antrein co	Jump 2 w≕	to "N" in a	olumo 3	L	+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Nur	nber Previously Pa	aid For (Total	or indepen	dent) is th	e highest numb	ber fou	ınd in the ap	propriate bo	x in co	olumn 1.	